

**Chief Executive Officer (CEO)/Designated Senior Officer (DSO) Expenses**  
**Per: Section 38.1 of The Regional Health Authorities Act**  
**Financial Report**

<b>As At:</b>	<b>For the period:</b>	<b>To:</b>	
2015/03/31	2014/04/01	2014/06/09	
<b>CEO/DSO's Name:</b>	<b>First:</b>	John	<b>Surname:</b> McFarlane
<b>Health Authority/Corporation:</b>		<b>Main Office Address:</b>	
St. Joseph's Residence Inc.		1149 Leila Avenue, Winnipeg, MB R2P 1S6	

Description/Category	Total In-Province Expenses	Out of Province (OOP)		
		(OOP) Destination 1:	(OOP) Destination 2:	(OOP) Destination 3:
		Departure:	Departure:	Departure:
		(y/m/d)	(y/m/d)	(y/m/d)
		Return:	Return:	Return:
		(y/m/d)	(y/m/d)	(y/m/d)
<b>Transportation</b>				
Vehicle Expenses	165.00			
Aircraft Expenses				
Other transportation Expenses				
<b>Accommodation, Food and Beverages</b>				
Accommodation Expenses				
Food and Beverage Expenses				
<b>Hospitality</b>				
Hospitality Expenses	28.64			
<b>Cell Phones and Other Personal Electronic Communication Devices</b>				
Cell phone and other personal electronic communication devices	291.54			
Telephone calls (out-of-Province)				
Other Expenses				
<b>Out- of-Province Sub Totals:</b>		\$ -	\$ -	\$ -
<b>Total Expenses (Includes Out-of-Province Travel):</b>	<b>\$ 485.18</b>			
Purpose Destination 1:				
Purpose Destination 2:				
Purpose Destination 3:				

Comments:

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**Per: Section 38.1 of The Regional Health Authorities Act**  
**Financial Report**

<b>As At:</b>	<b>For the period:</b>	<b>To:</b>	
2015/03/31	2014/06/10	2015/03/31	
<b>CEO/DSO's Name:</b>	<b>First:</b>	Charles	<b>Surname:</b> Gagné
<b>Health Authority/Corporation:</b>		<b>Main Office Address:</b>	
St. Joseph's Residence Inc.		1149 Leila Avenue, Winnipeg, MB R2P 1S6	

Description/Category	Total In-Province Expenses	Out of Province (OOP)		
		(OOP) Destination 1:	(OOP) Destination 2:	(OOP) Destination 3:
		Departure:	Departure:	Departure:
		(y/m/d)	(y/m/d)	(y/m/d)
		Return:	Return:	Return:
		(y/m/d)	(y/m/d)	(y/m/d)
<b>Transportation</b>				
Vehicle Expenses				
Aircraft Expenses				
Other transportation Expenses				
<b>Accommodation, Food and Beverages</b>				
Accommodation Expenses				
Food and Beverage Expenses				
<b>Hospitality</b>				
Hospitality Expenses				
<b>Cell Phones and Other Personal Electronic Communication Devices</b>				
Cell phone and other personal electronic communication devices				
Telephone calls (out-of-Province)				
Other Expenses				
Out- of-Province Sub Totals:		\$ -	\$ -	\$ -
<b>Total Expenses (Includes Out-of-Province Travel):</b>	<b>\$ -</b>			
Purpose Destination 1:				
Purpose Destination 2:				
Purpose Destination 3:				

Comments: